

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF Invictus T. Feliciano	COURT CASE NUMBER 08-0001
DEFENDANT Eastern Hope Corporation	TYPE OF PROCESS Civil Summons

<b>SERVE</b> ➡  <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Eastern Hope Corporation</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>PMB 519, Box 10000, Saipan, MP 96950</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  Stephen C. Woodruff, Attorney 2nd Floor, Hill Law Office, Susupe Saipan, MP 96950	Number of process to be served with this Form - 285 <b>1</b>
	Number of parties to be served in this case <b>1</b>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Addresses, All Telephone Numbers, and Estimated Times Available For Service):

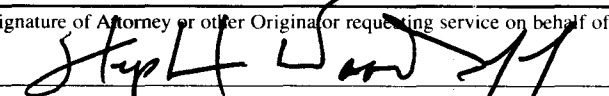
Fold

FILED  
Clerk  
District Court


Fold

JAN 25 2008

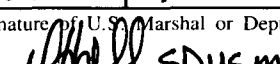
For The Northern Mariana Islands  
By \_\_\_\_\_  
(Deputy Clerk)

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 670-235-3872	DATE 01-14-2008
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>005</b>	District to Serve No. <b>005</b>	Signature of Authorized USMS Deputy or Clerk 	Date <b>01-24-08</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <b>EUNAE LEE MANAGER</b>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.  Date of Service <b>01-24-08</b> Time <b>4:15</b> <b>pm</b> Signature of U.S. Marshal or Deputy 
Address (complete only if different than shown above)	

Service Fee <b>\$45.00</b>	Total Mileage Charges (including endeavors) <b>\$0.97</b>	Forwarding Fee <b>0</b>	Total Charges <b>\$45.97</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal or <b>\$45.97</b>	Amount of Refund
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## REMARKS:

1 DEPUTY - 1 ENDEAVOR x \$45.00  
 2 MILES ROUND TRIP 1485 x 2 = 97¢  
 TOTAL \$45.97

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)